



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

Minutes

SYSTEM OF CARE STAKEHOLDER WORKGROUP		
Topic	Outpatient and Intensive Outpatient	
Date	March 31, 2016	
Time	9:30 AM - 11:30 AM	
Venue	Conference Room 8050, Building A-8 1000 South Fremont Avenue, Alhambra, CA 91803	
PARTICIPANTS		
Stakeholders	Asian American Drug Abuse Program Asian American Drug Abuse Program Behavioral Health Services Behavioral Health Services CLARE Foundation Families for Children Helpline Youth Counseling Helpline Youth Counseling Homeless Health Care Los Angeles Los Angeles Centers for Alcohol and Drug Abuse Los Angeles Centers for Alcohol and Drug Abuse Los Angeles Centers for Alcohol and Drug Abuse Los Angeles Centers for Alcohol and Drug Abuse Matrix Institute Medi-Cure Health Services MJB Transitional Recovery NCADD-San Fernando Valley Pacific Clinics People Coordinated Services Phoenix House of Los Angeles SPIRITT Family Services Special Services for Groups/Weber Community Center Tarzana Treatment Centers	Hiroko Makiyama Miriam Ruiz Celia Aragon Denise Shook Natasha Rudar Andrew Henderson Debbie Ma Jihan Mockridge Erika Aguirre-Miyamoto Liana Sanchez Ingrid Soto Bill Tarkanian Lucila Vega Dan George Josephine Kannike-Martins Dennis Hughes Linda Elliot David Martel Charlene Scott Erik Sherman Nancy Othman Heidi De Leon Stan Galperson
SAPC Staff	John Connolly, Yolanda Cordero, Loretta Denering, Cecilia Dominguez, Timothy Dueñas, Michelle Gibson, Kristine Glaze, Yanira Lima, Natalie Manns, Holly McCravey, Antonne Moore, Ashley Phillips, Glenda Pinney, Steven Reyes, Hyunhye Seo, Jimmy Singh, Wayne Sugita, Duy Tran, Gary Tsai, Way Wen	
MEETING PROCEEDINGS		
Agenda Items	Discussion	
I. Welcome and Introductions	Holly McCravey, Substance Abuse Prevention and Control (SAPC) Adult System of Care Chief, opened the meeting by welcoming all participants, asking everyone to introduce themselves and their respective agencies, and presenting the meeting’s agenda.	

II. Stakeholder Process Overview	Michelle Gibson, SAPC Strategic Planning Director, explained how the stakeholder workgroup process started in August 2015 with the kick-off and subsequent regional meetings to gather feedback for the County's implementation plan, which has already been submitted for approval by the California Department of Health Care Services (DHCS) and the federal Centers for Medicare and Medicaid Services (CMS) on February 11, 2016. As the County prepares for the system of care transformation, she further explained that the subsequent stakeholder workgroup meetings will help define the County's standards of practice, and develop the contractor manual and other related documents. Apart from the System of Care workgroups, other workgroups include Integration of Care, Quality Improvement and Utilization Management (formerly LACES), System Operations, and System Innovations and Network Capacity Building. Outpatient and Intensive Outpatient is but one of 11 topics discussed under System of Care.
III. Member Expectations and Ground Rules	Holly McCravey outlined for the workgroup the ground rules that include the process and expectations that encouraged member's review of the meeting documents in advance, contributing to the discussion, and focusing on system design and patient care.
IV. Document Review and Discussion	<p>Workgroup participants reviewed the Outpatient (OP) and Intensive Outpatient (IOP) narrative and had the following recommendations, comments and questions:</p> <p>▪ <u>RECOMMENDATIONS</u></p> <p><u>Staffing</u></p> <ul style="list-style-type: none"> - Substance use disorder (SUD) interns or registered trainees should be able to provide counseling services as well. Consider, however, placing a criteria for interns. For instance, they must at least have completed two years' length of education, a minimum of 30 percent internship hours, and 100 percent of coursework. - Provide specific definition for "trainee" to include, for instance, individuals with Registered Addiction Specialist Intern (RASI) certification. - Add in the definition section the operative meaning for "trainee," and "supervision." - SUD providers may want to re-assess role of Medical Directors. - Add the term "clinical" to the activities to be performed by trainees needing supervision by a certified substance abuse counselor. <p><u>Billing</u></p> <ul style="list-style-type: none"> - Services should be billed in 15 minute increments. - Include phone sessions as a way to conduct collateral services. - Place a cap on phone services to avoid billing abuse and possibly compromising proper patient care. - Clarify providers' ability to bill for discharge-related services conducted at intake. - Recommend 15 to 60 minutes for individual sessions, 30 to 90 minutes for group sessions. - Create a robust monitoring process in order to ensure that billed services were appropriately and truthfully performed.

Treatment Planning

- Time limits for treatment plan: 30 days to review/update as needed, must be updated every 90 days.

Documentation

- Specify whether the DHCS certification requirement for facilities refers to Alcohol and Other Drugs (AOD) or Drug Medi-Cal (DMC).
- Properly inform State auditors of services and provisions allowed by the County under the Waiver to avoid undue audit findings.

Service Categories

- Allow other evidence-based family therapy aside from just family systems theory.
- Although the DHCS Special Terms and Condition document references American Society of Addiction Medicine (ASAM) Criteria 1-3 when evaluating a patient's stability, all six dimensions should be considered.
- Include Multi-Family Group counseling as an education-focused group service provided to families in a multi-family group setting, and provide guidance on how to provide that service.
- Consider changing the term "stable" to describe patients who are qualified to receive outpatient services. A better phrasing might be "deemed appropriate for this level of care."

▪ GENERAL COMMENTS

- Hiring the services of a Medical Director for eight hours a week creates a financial burden for small-sized providers.
- For OP/IOP, the treatment plan will need to be reviewed every 30 days and updated every 90 days.
- A review of treatment plans every 30 days allows for determining patients' need to be moved up or down the levels of care through the ASAM Criteria.
- Clarify the specific type of trainee in the narrative as there are different categories, e.g., SUD intern, SUD trainee, MFT intern, MSW intern.
- Use language consistent with that in the Full ASAM Assessment.

▪ QUESTIONS

- **Does the site certification requirement also include outside venues where field-based services are provided?**
 - *As it is understood now, under the Waiver site certification applies only to agency operated facilities not to outside venues (e.g., school, group home) where services may be intermittently provided. The definition, however, will be finalized at a later date.*

- **What is the role of the Medical Director if Licensed Practitioners of the Healing Arts (LPHA) are now allowed to sign treatment plans?**
 - *We are still studying the best use of time for Medical Directors. One option is assigning them supervisory roles so that their clinical perspective and expertise is shared with all the staff.*
 - *The expansion of the LPHAs' function gives an opportunity to repurpose Medical Director's time (eight hour minimum a month) to provide/lead on Medication-assisted treatment (MAT), clinical supervision, quality-focused initiatives (e.g., quality improvement projects or peer review, and trainings on MAT, co-occurring physical and mental health conditions, etc.).*
- **Will SAPC remove the 8 hour requirement for the medical director?**
 - *This requirement will remain the same.*
- **How will patient education be defined, and how does it vary from a standard group session? What about life skills groups?**
 - *Patient education will be billable under group counseling. The definition and the maximum number of participants will be defined at a later date.*
- **How does multi-family groups fit in to this? Is it a separate service or related to family therapy, even if the patient is not present?**
 - *Multi-family group is a didactic group led by a certified counselor/registered intern. The definition of multi-family group will need to be further defined.*
- **How is discharge planning billed? Is there a cap?**
 - *Discharge planning is billed under case management services. A cap had not been determined at this time.*
- **Will providers still be allowed to use other assessment tools for intake aside from the one developed by SAPC?**
 - *Providers may use other ASAM-based assessment tools as long as they have been approved by SAPC. For those who do not have any form yet, we encourage such providers to consider using the Full ASAM Assessment form developed by SAPC in view of consistency and adherence to ASAM measurements.*
- **The intake process may include several components depending upon the patient's needs. Will we be able to bill for the services separately or will the entire intake process be taken as a unit of service billed in 15-minute increments?**
 - *We have been consulting with DHCS regarding billing, and we will modify this outpatient and intensive outpatient narrative as we receive guidance from the agency.*
- **Do Collateral Services have to be provided face-to-face?**
 - *No. Collateral services can be provided over the phone as physicians, case managers or significant others may be available to come to the treatment facility.*
- **Can Crisis Intervention services be provided over the phone?**
 - *Yes. The caller should be assessed for imminent needs including whether they are in crisis. Appropriate services and interventions should be rendered, (e.g., if there is an emergency, 911 or other emergency responders should be contacted immediately).*

	<ul style="list-style-type: none"> - Is suicide considered a crisis or is “crisis” just limited to a circumstance that presents to the patient an imminent threat of relapse? <ul style="list-style-type: none"> - <i>As health providers, SAPC provider are expected to respond appropriately to clients who are in crisis, whether that crisis is a physical or mental health condition, or related to substance use. If a caller expresses suicidal thoughts, further assessment should be conducted to determine the most appropriate response and approach. Based on the evaluation of the caller's condition, the caller should then be engaged in the most appropriate course of treatment, including referral to emergency services, when appropriate.</i> - Can OP/IOP be concurrent with OTP? How will multiple services in the same day by separate providers be viewed and approved? Currently a Medi-Cal recipient cannot receive DMC services at two separate treatment facilities? <ul style="list-style-type: none"> - <i>Yes, patients can receive concurrent OP/IOP and OTP services. Ideally, the service would be delivered at the same location to prevent the patient from obtaining their medications and psychosocial treatment at different locations. DHCS' MHSUDs Information Notice #16-007 provides more information on same day billing under the waiver.</i> - Reviewing and updating treatment plans (e.g., checking if goals are complete, amending or adding goals) may be appropriate every 30 days, however creating a brand new document would be excessive. <ul style="list-style-type: none"> - <i>This was discussed at the last QI/UM Workgroup meeting and the providers requested a Treatment Plan Review document, which we have since developed and will be shared at the QI/UM meeting.</i>
V. Next Steps	<p>Loretta Denering, SAPC Family Services Unit Manager, asked the attendees to read the remaining narrative sections on Intensive Outpatient, Staffing, and Services Expectations, and provide comments via the website. She also mentioned that such topics will be discussed in more detail in subsequent workgroup meetings. Holly McCravey informed the participants that additional feedback will be accepted through April 15, 2016 online via SAPC's website or by email at SUDTransformation@ph.lacounty.gov. The meeting notes will be posted online and SAPC will update the Outpatient and Intensive Outpatient narrative as appropriate.</p>